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2005 Oklahoma City Area Indian Health Summit

“50 Years of Dedication to Indian Wellness”

by

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10:30-11:15 a.m.

Thank you for the warm welcome. It's always a pleasure to return to Oklahoma. I am impressed with the program for today and Wednesday and how attuned it is with our goals for Behavioral Health, Health Promotion and Disease Prevention, and Chronic Disease Management. I'll say more about these goals in a few minutes.

Today I'd like to begin by talking about the 50-year history of the Indian Health Service, which has yielded significant accomplishments along with the many daunting challenges that lie ahead. As most of you know, the IHS passed the half-century mark on July 1 of this year. As we reflect on those years and how we can best plan for the next 50, we recognize that the unmet needs in Indian Country have always been greater than the available resources to address them. But as we look back on the history of Indian health, we can see that our predecessors, Tribal and IHS, have not let any obstacles stand in their way of meeting our mutual mission of raising the health status of American Indian and Alaska Native people. Great strides have been made in Indian health since the Transfer Act established the IHS as an official entity in 1955.

FY 2005 is a special year of celebrations and acknowledgements of those accomplishments, as we mark the 50th anniversary of the IHS. A reference library of historical documents and photographs is being compiled, to be made available on the IHS

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website. Also, we have published a special edition of the “Gold Book,” which was first published in 1957 as a comprehensive report to Congress on the status of the health of American Indians and Alaska Natives around the time of the transfer. The new version highlights the progress made in the last 50 years, and our plans for facing the challenges of the next 50 years.

Right now I want to acknowledge the many contributions our IHS and HHS colleagues are making to assist those affected by Hurricane Katrina. This is an unprecedented challenge for our health care system and the IHS is proud to lend our help and expertise wherever needed.

We have come a long way in 50 years, thanks to the dedication and hard work of many IHS, HHS, Tribal, and Urban Indian health program staff members, and the support and advocacy provided by Tribal leaders across the nation. The Indian health model and the participation of Indian people in decisions affecting their health have produced significant health improvements for Indian people. Since 1974, Indian life expectancy has increased by more than 9 years, due to the dramatic reduction of mortality rates from a host of diseases and chronic conditions. Mortality rates have decreased by approximately 82% for tuberculosis, 80% for cervical cancer, 65% for infant deaths, 53% for maternal deaths, and 60% for unintentional injuries and accidents, to name just a few.

During this time period, more than 275,000 Indian homes have benefited from IHS funding of water and sewerage facilities, solid waste disposal systems, and technical assistance for operation and maintenance organizations. Approximately 88% of American Indian and Alaska Native homes have been provided a safe water supply since the inception of the IHS sanitation construction program. One obvious outcome of this sanitation improvement effort has been that the age-adjusted death rate from gastrointestinal disease has decreased by more than 91% since 1955.

Although we have come a long way, we all know there is still a long way to go. Challenges remain in many areas. For example, despite impressive advances in sanitation construction, almost 12% of Indian homes still lack a safe indoor water supply, compared to 1% of all U.S. homes. In some areas, such as Alaska, up to 35% of homes lack safe indoor water supplies.

And there are still wide gaps in general health status between Indian people and the rest of the U.S. population. The current Indian life expectancy of 72.9 years, while much improved from 50 years ago, is still approximately 4 years less than that for the U.S. general population. Death rates for diabetes, accidents, suicide, and homicide, among others, are significantly higher for Indians compared to the U.S. general population.

Meeting these needs requires resources. Although the IHS, Tribal, and Urban Indian health programs have demonstrated the ability to effectively utilize limited available resources to significantly improve the health status of American Indians and Alaska Natives, there is still concern about the health care funding deficiencies for Indian people.

Our appropriated funding for health services, including facilities construction, is very limited. We rely heavily on public, private, state, and federal partnership efforts and

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other innovative attempts on the part of IHS and Tribal entities to supplement congressional appropriations and bring all possible resources into the Indian health system.

Having modern, up-to-date health facilities is essential to the provision of quality health care services. But the need in Indian country in this area is still great, despite 50 years of impressive progress. Our facilities range from one year to 105 years old. The average age of IHS hospitals and clinics is 33 years; compared to an average age of 9.4 years for U.S. hospitals and clinics.

50 years ago, most people would have assumed that Indian health care was the exclusive responsibility of the newly created IHS. Today, many HHS agencies and programs make vital contributions to improving the health of Indian people. IHS remains preeminent among HHS programs working to better the lives of American Indians and Alaska Natives. And by coordinating programs with partnerships between IHS, other HHS agencies, Indian Tribal governments, and the Indian people, we will achieve the best prospects for continuing the accomplishments of the past 50 years.

The whole Department is helping to encourage Indian health:

- CMS has partnered with IHS and Tribal leaders to conduct extensive outreach and education campaigns to explain Medicare and Medicaid benefits. We're building interdisciplinary research teams to implement a comprehensive plan for obesity research—and this will help us combat the effects of obesity among the American Indian and Alaska Native populations.
- We want IHS and Tribes to build the capacity with state and local partners to ensure that we can provide the necessary response to any disease outbreak or bioterrorism attack.
- And we are working closely with the First Lady's office to support a Tribal-specific highlight of work to improve the health and well-being of women and children.

Although we have come a long way, we all know there is still a long way to go. With the lessons we have learned from the past, and from the strength and wisdom we have gained from our great leaders, we are ready and capable of meeting the challenges that face us today in Indian health.

And there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Complicating the situation is the type of health problems confronting American Indian and Alaska Native communities today. Death rates for tuberculosis, alcoholism, diabetes, accidents, suicide, and homicide, among others, are significantly higher for Indians compared to the U.S. general population. The mortality rates from tuberculosis and alcoholism are more than 6 times the U.S. all-races rate. Mortality rates from diabetes are 3 times as high as in the rest of the U.S. population. American Indian and Alaska Native death rates for unintentional injuries and motor vehicle crashes are 2½ to 3 times higher than the national rates. And suicide and homicide rates are nearly twice as high in the Indian population.

The prevalence of diabetes, in particular, has reached epidemic proportions in the Indian community. The IHS public health functions that were effective in eliminating

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certain infectious diseases, improving maternal and child health, and increasing access to clean water and sanitation, are not as effective in addressing health problems that are behavioral in nature, which are the primary factors in the current mortality rates noted previously.

It has become obvious to all of us in Indian health that the health disparities experienced by American Indians and Alaska Natives cannot be addressed solely through the provision of health care services. Chronic disease has replaced acute disease as the dominant health problem in our nation and in Indian Country, and is now considered by many to be the principal cause of disability and use of health services. Changing behaviors and lifestyles and promoting good health and a healthy environment are critical in preventing disease and improving the health of American Indian and Alaska Native people.

Through Tribal consultation, self-governance, and self-determination processes, the IHS and Tribes have worked together to identify focus areas for Indian health that address these issues and make the most of limited resources. I want to describe three campaigns that the IHS and Tribes are working closely together on to help achieve significant improvements in health that are critical to the future of Indian communities. These focus areas are being targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

To address these main focus areas, I have established three closely related Director's initiatives for the IHS:

Behavioral Health

Health Promotion and Disease Prevention, and

Chronic Disease Management

Addressing behavioral health and mental health issues in our communities is crucial. We need to focus on screening and primary prevention in mental health.

The recent shooting incident at Red Lake Reservation has been a tragic reminder to all of us in Indian Country, as well as to the Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues.

In particular, the high level of mental illness and suicide rates among American Indian and Alaska Native youth are of paramount concern to the Indian health system and Indian communities. Not only is suicide the third leading cause of death for Indian youth ages 15-19, but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation, and are especially dramatic if you look at young males.

These are statistics that hit at the heart of the tragic effects of mental illness on the rates of disease and mortality in Indian communities. We know that mental health issues such as depression can make chronic disease management more difficult and less effective. In order to adequately address mental health issues, Tribes and the IHS are working in concert with other HHS OPDIVS, and federal, state, public, and private organizations, to address all the contributing factors to mental illness, such as poverty, lack of educational opportunities, domestic violence, social isolation, and perhaps most

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devastating of all, low expectations and the hopelessness of our youth. As a Nation we are struggling with chronic diseases such as diabetes, obesity, cardiovascular disease, cancer, and injuries. This is an area that we have long been aware of in Indian Country. We must address the primary prevention of these chronic diseases if we are to critically influence the future health of our patients and our communities. To that end, the IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention, which include various programs and partnerships to promote healthy lifestyles, including, among many others:

- The establishment of the Healthy Native Communities Fellowship to mobilize local groups to improve community health;
- Working with the National Boys & Girls Clubs of America to help reach their goal of increasing the number of Boys and Girls Clubs on Indian reservations to 200 by 2005. There are now approximately 185 Boys and Girls Clubs on Indian reservations;
- Working with the NIKE Corporation to focus on the promotion of healthy lifestyles; and
- Participating in the “Just Move It Campaign” with a goal of getting one million Native people *up and moving*.

There are many, many other innovative health and fitness projects underway in Indian communities across the nation that are being initiated at the local, regional, and national levels. And we are continuously working with Tribal and Urban Indian programs and organizations to increase our efforts to supply the ways and means to promote healthy lifestyles among our people.

All across America and in Indian country, we are struggling with chronic diseases. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but we must look at better chronic disease management in the clinical care of our patients. It is also vital that we continue to promote and develop community resources and involvement, in order to target health promotion efforts at the local level.

The IHS also works to continually include current medical advances that show great promise for a healthier future for all Americans. Never before have we known so much about how to prevent chronic disease problems — and how to address the lifestyle changes that help prevent them. For instance, there have been more effective developments in the field of cardiovascular disease in the past 10 years than in the previous 50 years.

We work diligently to keep pace with new medications and treatment techniques as they are developed. And we also remain committed to innovations in service delivery methods that enhance outreach and access, while maintaining respect for cultural tradition and beliefs.

An important aspect of these initiatives is having a health care model to guide and support health promotion activities and goals, one that incorporates the unique culture and mission of the Indian health system. Within the IHS, we emphasize more than

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exceptional health care for those who are already ill. We strive to employ a holistic approach that incorporates all aspects of wellness.

A multidisciplinary IHS team has been tasked with looking at Chronic Disease models that would best meet our needs and could be adapted to our programs. Within the IHS, our model of care for chronic disease will prioritize health promotion and disease prevention, behavioral health, and chronic disease management. This model is being developed based on the “chronic care model” of clinically supported patient self-management and empowerment. The Indian health system model will include new tools for prevention and treatment, tools that include improved applications of standards of care, community and organizational partnerships, and newer technologies and approaches to care, such as telehealth and case management.

Working together with Tribes and in concert with the principles of Self-Determination and Self-Governance, we can use these new tools to make a real difference in the health and well-being of our patients, families, and communities.

If we hope to successfully combat chronic conditions such as diabetes and cardiovascular disease, we must address a host of inter-related factors and illness contributors – the “causal web” – and we must do so in partnership with many other Tribal, Federal, state, and private organizations that are targeting these issues. Health status is not just a health care issue.

It is about ensuring that there are educational opportunities; it is about ensuring that we have safe communities; it is about ensuring that adequate housing is available; and it is about ensuring adequate economic and employment opportunities. These factors, and more, all work in concert to affect health status. It is therefore vital that all available resources, Federal, state, and private sector, be brought to bear on Indian health issues.

Good leadership at every level is important not only to our current efforts to ensure quality health care delivery, but also to the future effectiveness of the Indian health system. This is why we are implementing the *strategic management of human capital*, another IHS initiative that will help prepare us for whatever challenges the future of Indian health may bring.

I commend all of you for the continuing dedication and skills that you deliver to our Tribal communities each day. Our Indian Health Service tradition of caring and curing is in very good hands as we prepare for our next 50 years. Thank you for your kind attention. I’ll be happy to field any questions you may now have.